

**STATE ETHICS COMMISSION**

1001 Bishop Street, Pacific Tower 970

P.O. Box 616, Honolulu, Hawaii 96809

Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: **BERT OXAKA** STATE POSITION: **PROC. & SUPPLY SPECT III (MAT. MGR)**

STATE AGENCY: STATE TEL NO.: **808-322-4424**

STATE MAILING ADDRESS:
KONA COMMUNITY HOSPITAL
79-1019 Haukapila Street
Kealahou Hawaii 96750

| 1 DONOR | 2 DESCRIPTION OF GIFT | 3 DATE REC'D | 4 GIFT VALUE | 5 AGG. VALUE |
|-----------|---|-------------------|--------------|--------------|
| MEDASSETS | LODGING | APRIL 04 21-23 | 570.00 | |
| | AIRFARE | APRIL 04 19-23 | 800.00 | |
| | TO ATTEND ANNUAL MEDASSETS (MEMBERS) | 21-23 | | |
| | MEETING. IN LAS VEGAS | | | |
| | NEVADA. (MANDALAY BAY) HOTEL | | | |
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Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT

(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)

NAME: **BERT ONAKA** STATE POSITION: **PROC. & SUPPLY SPECT III (HAT MAKING.)**

STATE AGENCY: STATE TEL. NO.: **808 322-4424**

STATE MAILING ADDRESS:
KONA COMMUNITY HOSPITAL
79-1019 Haukapila Street
Kealahou Hawaii 96750

| 1 DONOR | 2 DESCRIPTION OF GIFT | 3 DATE REC'D | 4 GIFT VALUE | 5 AGG. VALUE |
|-----------|---|---------------|--------------|--------------|
| MEDASSETS | LODGING | APRIL 8-10 03 | 570.00 | |
| | AIRFARE | APRIL 8-10 03 | 745.70 | |
| | TO ATTEND ANNUAL MEDASSETS (MEMBERS) MEETING. IN LAS VEGAS NEVADA. (MANDALAY BAY HOTEL) | | | |
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